PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/606,417 Filing Date 06/26/2003 | | | | To be Mailed | |
|--|---|---|--|--|-----|--|---|--|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| FOR NUMBE | | | | ILED NU | | MBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | | | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(a), (p), | | N/A | | N/A | | | N/A | | | N/A | | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | | x \$ = | | OR | x s = | | |
| | EPENDENT CLAIN CFR 1.16(h)) | IS . | minus 3 = | | • | | | x \$ = | | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and di sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) and | | | ication size fee due ntity) for each action thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | | l | TOTAL | | |
| APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | | |
| AMENDMENT | 10/18/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSI PAID FOR | LY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | · 26 | Minus | ÷ 35 | | = 0 | | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1.16(h)) | ٠8 | Minus | ···10 | | = 0 | | x \$ = | | OR | X \$210= | 0 | |
| Ā | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | Ш | | | |
| ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSI PAID FOR | LY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16(i)) | | Minus | ** | | | | x \$ = | | OR | x \$ = | | |
| | Independent (37 CFR 1.16(h)) | * | Minus | *** | | = | | x \$ = | | OR | x \$ = | | |
| Ξ | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| Ą | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** 1 | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, process) an application. Confidentially is governed by 30.53.C. 122 and 37.24.C. in Solitocology for the confidence including guarding preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual sea. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. a processing the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. and the complete of the complete this form. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.